

GEORGIA MEDICAID FEE-FOR-SERVICE PEDICULOCIDES AND SCABICIDES PA SUMMARY

Preferred	Non-Preferred
Natroba (spinosad) suspension Permethrin cream 5% generic Sklice (ivermectin) lotion	Eurax (crotamiton) cream Eurax (crotamiton) lotion Lindane lotion and shampoo generic Malathion lotion generic Ovide (malathion) lotion Spinosad suspension generic Ulesfia (benzyl alcohol) lotion

LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- ❖ If Ovide is approved, the PA will be issued for generic malathion.
- ❖ If generic spinosad is approved, the PA will be issued for brand Natroba.

PA CRITERIA:

Eurax

- ❖ Approvable for members with scabies who are 2 months of age or older *AND*
- Member must have allergies, contraindications, drug-to-drug interactions or intolerable side effects to permethrin 5%

OR

❖ Member must have experienced treatment failure (live mites still present) following 2 courses of therapy with permethrin 5% for the same treatment episode.

Lindane Generic

❖ Approvable for members with lice or scabies which are not excluded from use per the prescribing information

AND

Member must have allergies, contraindications, drug-drug interactions or intolerable side effects to Natroba/spinosad, Ovide/malathion, Sklice AND Ulesfia if the member has lice or permethrin 5% if the member has scabies

OR

❖ Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with Natroba/spinosad, Ovide/malathion, Sklice AND Ulesfia if the member has lice or the member must have experienced treatment failure (live mites still present) following 2 courses of therapy with permethrin 5% if the member has scabies for the same treatment episode.

Malathion Generic and Ovide

❖ Approvable for members with lice who are 6 years of age or older



AND

- Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Natroba AND Sklice OR
- ❖ Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with Natroba AND Sklice for the same treatment episode.
- ❖ In addition for brand Ovide, prescriber must submit a written letter of medical necessity stating the reasons generic malathion is not appropriate for the member.

Spinosad Generic

Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Natroba AND Sklice, are not appropriate for the member

Ulesfia

- ❖ Approvable for members with lice who are 6 months of age or older *AND*
- Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Natroba AND Sklice OR
- Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with Natroba AND Sklice for the same treatment episode.

QLL CRITERIA:

For Permethrin 5%

❖ An authorization to exceed the QLL may be granted if the member has demonstrable living mites after 14 days (since application).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

❖ For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:



❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.